

# ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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## EDITORIAL

At the end of each year people have always wondered what the next year holds in store. This custom should be abandoned now that future events are more and more unpredictable, in fact more and more unlikely and, indeed, impossible. In 1958 the Nautilus sailed under the North Pole, and a rocket was sent 79,000 miles into space. What are the most likely happenings of this nature in 1959? A likely event could be the projection of a man into "space" and, even more probable, is the successful observation of the backside of the moon by TV cameras and other scientific instruments. The only sure thing in the coming year is that these exploits will cost as much money as they have done in the recent past.

Some people think this expense is worth while. That it is an absolute good to extend man's knowledge of nature. Others more capably say that money spent on pure science has always brought tangible rewards. One can agree that the Americans could use their wealth to worse ends, and that the Russians nearly always do. What is so surprising to the British taxpayer is that he is contributing money to these excursions. It is time some new Hampden protested about this new space-"ship money." We are not told how much money is spent by our Government on space projects, but it is certain that many millions of pounds are being poured into the rocket range in Australia, that at the research departments at Farnborough, huge machines are constructed to prove that men can safely be sent into space, and that there is even a factory in the Midlands which manufactures space suits.

It is not really a question of how important it is for this country to keep abreast, or just behind, the Russians, Americans, or anyone else in these new fields. It is not important at all. We cannot afford to develop a space empire, so we should forget about it and concentrate on solving nearer and more realistic problems. The most pressing of these is not the control of thermonuclear power, it has nothing to do with rocketry, it is the problem of feeding a world population which is going to outgrow its food supplies quite soon. This bogey has been held before us for many years now, but it seems that it really is now something to fear. It is a problem that can be solved, not by sitting down and waiting for the Chinese to indulge in birth control, but by diverting money from the rocket researchers to the biological researchers. Although even we, for instance, can send a rocket into outer space, we are doing virtually nothing about organising the seas which surround us into a food producing area, although 50,000,000 of us live on an island which can only feed 25,000,000 from its own resources.

As members of a State-owned and State-supported service, we have a special interest that the State should invest its money wisely. Perhaps we should feel that the economies which, from time to time, are demanded of our hospitals—no free tea for Surgeons, for example—would be more justified were the money saved on tea spent on making sure that we'll always have a biscuit with it, and not on discharging rockets into a space where others better able to afford it already have theirs.

## CALENDAR

### January

- Sat. 3—Dr. A. W. Spence on duty  
Mr. C. Naunton Morgan on duty  
Mr. R. A. Bowen on duty  
Rugger v Old Ruitlishians (H)  
Soccer v St. George's Hospital (A)  
Hockey v London Hospital (H)
- Wed. 7—Soccer v U.C.H. (A)
- Sat. 10—Dr. Graham Hayward on duty  
Mr. A. W. Badenoch on duty  
Mr. R. W. Ballantine on duty  
Rugger v Taunton (A)  
Hockey v Nat. Prov. Bank (A)  
Ladies' Hockey v Atlanta (A)
- Tues. 13—Squash v O. Haileyburians (A)
- Wed. 14—Soccer v Chartered Accountants (H)  
Ladies' Hockey v Queen Mary's College (A)
- Fri. 16—C.U. Lunch Hour Service
- Sat. 17—Dr. E. R. Cullinan on duty  
Mr. J. P. Hosford on duty  
Mr. C. Langton Hewer on duty  
Rugger v Cheltenham (A)  
Soccer v Old Cholmeleians (H)  
Hockey v Blueharts (A)  
Ladies' Hockey Tournament, 3rd Round
- Tues. 20—Squash v Metropolitan Police
- Wed. 21—Soccer v St. Thomas' Hospital (A)  
Ladies' Hockey v University College (A)
- Thur. 22—Abernethian Society  
"Alcoholism"
- Sat. 24—Medical and Surgical Units on duty  
Mr. G. H. Ellis on duty  
Rugger v Old Millhillians (A)  
Hockey v Charing Cross Hospital (A)
- Wed. 28—Soccer v Guy's Hospital (H)
- Fri. 30—C.U. Meeting. Arnold Aldis
- Sat. 31—Dr. R. Bodley Scott on duty  
Mr. A. H. Hunt on duty  
Mr. F. T. Evans on duty  
Rugger v Rugby (A)  
Soccer v Trinity Hall (H)  
Hockey v Westminster Hospital (H)  
Ladies' Hockey v Guy's Hospital

### February

- Tues. 3—Squash v Middlesex Hospital (H)

- Wed. 4—Ladies' Hockey v St. Mary's Hospital (H) (Cup)
- Thur. 5—Soccer. Oxford Tour v Trinity College; v Wadham College; v Oriel College
- Fri. 6—C.U. Lunch Hour Service
- Sat. 7—Dr. A. W. Spence on duty  
Mr. C. Naunton Morgan on duty  
Mr. R. A. Bowen on duty  
Rugger v O.M.T. (H)  
Hockey v Hampstead (A)  
Ladies' Hockey v Reading University (A)



### Fifty Years Ago

Permission for smoking in the wards was granted after Christmas dinner, at the discretion of the sisters and staff. This grant was greatly appreciated. (Smoking was also allowed to patients in the Hospital Square for the first time at about this date.)

Dinner and tobacco being over, less serious events, such as conjurors, ventriloquists, Punch and Judy Shows had their turn, but probably the most popular entertainment of all was that provided by "The Swabs," in whose disguised persons the initiated were able to recognise Messrs. Trevor Davies, Ferguson, Scannin and Waldo. The costume of an operating gown and cap, with a black mask, was simple and most effective, and the topical songs "caught on" wherever they went. These gentlemen were untiring for over three hours.



A vocal trio, composed of Messrs. Gillies,\* Joyce and Clementi-Smith, also rendered splendid service, and met with a great reception wherever they went, both on Christmas Day and days following. Other gentlemen sacrificed themselves nobly for the common merriment. We caught a fleeting glimpse of a troop of coal heavers, an Italian organ-grinder, a policeman and a most realistic monkey. Father Christmas was also to the fore, as was Mr. Samuel Marks, of Pitcairn Ward, who very kindly returned to the scenes of his former triumphs with his excellent impersonations. The endeavours of all these gentlemen helped to make last Christmas quite a memorable one in the Hospital.

\* Later Sir Harold Gillies.

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## ANNOUNCEMENTS

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### Engagements

COOLE—LEHMANN. The engagement is announced between Dr. Colin Coole and Priscilla Lehmann.

HARRIS—EWART.—The engagement is announced between Derek Patrick Camps Harris and Sheila Dorothy Ewart.

TEEUWEN—COSGROVE.—The engagement is announced between Dr. John Joseph Teeuwen and Josephine Patricia Cosgrove.

### Marriages

CHAMBERLAIN—ELLISON.—On November 8th, Dr. Douglas Anthony Chamberlain to Dr. Jennifer Ann Ellison

PRIOR—MANNION.—On August 2nd, Dr. John Joseph Prior to Bridget Mannion.

RICE—WHITING.—On November 22nd, at St. Bartholomew-the-Great, Dr. John Cracroft Rice to Julia Ruth Whiting.

### Deaths

COLBY.—On October 2nd, Dr. Richard Colby, aged 47. Qualified 1940.

DAVIES.—On October 30th, Dr. David Ivor Jones Davies, aged 78. Qualified 1906.

GUPPY.—On November 13th, Dr. Francis Henry Guppy, M.C. Qualified 1914.

LESCHER. On November 12th, Dr. Frank Graham Lescher. Qualified 1913.

### Births

BOSTON.—On November 11th, to Margareta, wife of Francis Boston, a daughter (Kerstin)

BURN.—On November 22nd, to Fiona, wife of Ian Burn, F.R.C.S., a sister (Lindsay Margaret) for Alastair and Hilary.

COURTENAY.—On November 22nd, to Alison, wife of Peter Courtenay, F.R.C.S., a son.

GOLLEDGE.—On October 25th, to Helen, wife of Dr. A. H. Golledge, a son (Mark Hedworth).

MUNRO-FAURE.—On October 28th, to Honor, wife of Dr. A. D. Munro-Faure, a son.

TANNEN.—On October 29th, to Anthea, wife of Dr. Paul Tannen, a daughter.

WILLIAMS.—On October 26th, to Kwen, wife of David Williams, a son (David Yong).

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## NOTICES

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### Appointments

Dr. M. B. McIlroy has been appointed an Associate Professor of Medicine in the University of California.

### Change of Address

Miss P. M. Cholmeley,  
27 Upper Richmond Road,  
Putney,  
S.W.15.

Dr. H. M. Collymore,  
General Hospital,  
Port of Spain,  
Trinidad,  
West Indies.  
(From December 4th.)



### Journal Staff

Mr. J. Millward has resigned from his post as Editor. We would like to pay tribute to the very hard work he has put into the *Journal*, particularly in getting six *Journals* out in under five months, so that our January edition is out at the beginning of the month, for the first time in many moons. We do not know of Mr. Millward's future plans, but wish him every success and a long and peaceful retirement. He has been succeeded, as Editor, by Mr. J. D. Scobie.

### Students' Union

At a meeting of the Students' Council on Thursday, November 28th, 1958, the following were elected as officers and representatives.

#### Preclinical

1st year : Salisbury and M. Debrates.  
2nd year : D. G. Owen and R. Poules.  
3rd year : P. Ross and P. Watkinson.

#### Charterhouse Secretary

Alan Howes.

#### Women's Representative

Miss U. Jackson

#### Council

Senior Secretary, R. Hadley.  
Junior Secretary, D. L. Julier.  
Financial Secretary, D. Gray.  
Women's Representative, D. Vollum.

#### Introductory

J. Irvine.

#### First Time Clerks and Dressers

M. Bishop.

#### MOP's and SOP's

A. J. Gordon.

#### Kids and Specials

J. C. Graggs.

#### Midwifery and Gynaecology

R. Willoughby.

#### Finalists

R. Bonner Morgan.



### Gilbert and Sullivan Society

A packed house loudly applauded a rousing and exciting performance of "The Pirates of Penzance" on Friday, November 22nd, at Gresham College.

Some may associate a Gilbert and Sullivan work of this nature solely with stage productions and think, therefore, that they lose much by an omission of action and costumes. They have not heard the Bart's

Gilbert and Sullivan Society. Enlightened and inspired by their conductor, Brian Richards, the assembled company gave a vivid display of controlled and balanced purposeful singing. Added to this fact, Dr. Lehmann delighted all with his interpretation of "the Storyteller." Thus, at no time, was one in doubt as to the action taking place.

The most outstanding feature must be the choir. At a conservative estimate of a hundred strong, filling all the back stage and "wings" as well, they were able to dominate the scene entirely—and did. It is obvious that such a chorus needs the most skillful management, and it says much for the conductor that at no time did it appear that his command over them was in jeopardy. The material volume of such a large number of male voices tended, at times, to overshadow the treble line. Perhaps more ladies may be able to appear in a future production.

In the solo parts, Wendy Donaldson as Mabel, and George Hobday, "The Pirate King," sang beautifully, nearly every note a joy to the ear. Neil Davies, Frederick, after an overcautious start, improved manifestly to open out into the full gamut of a Welsh tenor's ardour. John Creightmore, taking the lead as the Major General was, for him, below par; but the part, one feels, is hardly most suited to his engaging banter. His rendering of the most teasing of tongue twisters, "I am the Perfect British Major General," was exemplary. Nancy Wells was more fortunate in possessing a part that gave full scope to her dead pan plaintive expression: nobody could doubt the sincerity of her remonstrances.

The outstanding memory for me, however, were the enchanting trills of Mabel, in conjunction with the rest of the company, in the last chorus. Twice was not enough! Congratulations to all for a wonderful effort and most of all, yet again, to Brian Richards.

J.J.D.B.



### Dramatic Society

This year's Dramatic Society's production,





Adrian Padfield, Patricia Hennings, David Gibson, Philippa Roberts, Joan Arnold



"A Murder Has Been Arranged," by Emlyn Williams, was performed at the Cripplegate Theatre on Monday and Tuesday, 23rd and 24th November. Rather than risk the misinterpretation of succeeding remarks, I wish to state that I spent a most enjoyable evening witnessing this production. A Review, consisting of vain platitudes, is unworthy of a good Society, and I hope that the people concerned will take such criticism as I have to offer in the manner intended—as a sincere attempt to be both constructive and helpful.

Certain ancillary factors, including the

correct choice of play, a good stage, good acoustics and a large, warm and responsive audience, assume greater importance in the amateur, as opposed to the professional performance. Amateurs are very sensitive to atmosphere. Of the factors mentioned above, the Society was well served. For reasons that I will expound later, I feel that this play was unfortunately overambitious. However, I applaud the transgression from the usual Victorian Drawing Room comedy, and may the Society's next choice of play be equally adventurous. The Cripplegate's stage is small, but adequate. From the audience's viewpoint, the seats are com-

fortable and the acoustics good. It was distressing to learn that the play received poor support on the Monday night, and the cast must have been disappointed by the paucity of people present at the culmination of many long and arduous hours of rehearsal. Those absent, including many pre-clinicals, would have enjoyed the evening at the Cripplegate, and it **would not** have been an evening spent dutifully if not perhaps pleasantly. A cast often responds to a larger audience with a better performance. Many actors are chilled to see across the footlights those cold, forbidding and mouthless empty seats.

Simon Dean and his associates are to be congratulated upon the successful design and execution of the scenery. The resulting set achieved an excellent compromise with the size of the stage, and the actors were allowed sufficient room for their manoeuvres.

Lighting facilities were used to the very best advantage. Make-up was excellent, particularly Sir Charles Jasper's greyed hair and Mrs. Wragg's wig and make-up. The Stage Manager (K. J. Sugden) and his Staff executed their duties quietly (except for one loud bump !) and efficiently, both in front of and behind the curtain. Prior to production these people must have laboured for many long hours. In fact, Mr. Sugden took so many duties upon his shoulders, that he will be sorely missed in future productions.

The cast was without a weak link, and the members moved well and displayed no "rooted feet" nor repeated gesture so prevalent amongst amateur performers. Lines were well learnt, and only one clearly audible prompt occurred on Tuesday night. Rather an audible prompt than the grinding to a complete halt in dialogue. My two main criticisms of the cast as a whole are (a) the occasional too abrupt entrance following upon a cue line, and (b) repetition of lines following a slight mistake.

From the rise of the first curtain, the cast was in command. By the end of the first act the audience was attuned to the play, its suspense and its comedy. The laughs and applause rang true and were not the hollow brittle laughs of a polite partisan audience. Following the first act, the audience were easy to please and ready to laugh. Thereafter, laughs came too easily, and the cast

began to loosen its tight grip on the dramatic tension. This trend culminated when peals of laughter greeted what should have been the dramatic discovery of Sir Charles Jasper's body. Thus an element of farce crept into the remainder of the play and, on occasion, it was obvious that the cast were taken aback by the laughter. This situation led me to believe that the choice of play was over-ambitious. Correct balance of two or more emotions, in this case of suspense and of comedy, is difficult to achieve, and presents difficulties even to the professional artist. Thus it was doubly unfortunate that the cast's outstanding success in the earlier part of the play should have rebounded upon them in the second half. Perhaps the author's share of the blame is the greatest.

Phillipa Roberts gave us a very polished and mature performance as Miss Groze, giving the play an excellent send off. Trevor Seaton, with his brief appearance, helped the play on its way, and it was a pity that our only view of him was from behind ! I am sure that Miss Janice Swallow, as Mrs. Wragg, will forgive me if I say that she displayed all the attributes of a middle-aged charlady. Her performance was a very good characterisation. Equally successful at portraying people older than themselves were Adrian Padfield and Patricia Hennings, as Sir Charles Jasper and Mrs. Arthur. They both displayed commendable coolness and decorum giving no hint of their actual ages. Diana Tobitt (A Woman) making her appearance late in the play, made two dignified entrances. Her periods of "dumbness" with the eyes of the cast and audience focussed upon her, must have been more difficult to accomplish, and certainly needed more pluck, than her spoken lines. Michael Barton played a very convincing role as Maurice Mullins. This performance was of a high standard, and the casting Committee are to be congratulated for selecting Mr. Barton for this role.

Finally, but by no means least, to Jean Arnold (Beatrice Jasper) and David Gibson (Jimmy North). The former has made several previous appearances with the Society, whereas David Gibson, making his first appearance, is a very welcome addition to the Society, coming from Cambridge Dramatic circles. Both performed like seasoned actors though Jean Arnold appeared to suffer more than David Gibson from the unexpected laughs of the audience. Any Society would

be fortunate in possessing two actors of such ability and experience.

No praise is too high for the producer, Daphne Wood. The cast and backstage personnel were a credit to her. She achieved a production which never lacked momentum nor purpose. Her hours of anguish spent during each performance were unnecessary, and she should be well pleased with the final result.

If the cast and their many helpers enjoyed themselves as much as I did, then indeed, the performance must be labelled successful.

J.M.



### Natural History Society

This has been an active year for the N.H.S., and all meetings, bar one, have been in the field.

On March 23rd, there was an expedition to Epping Forest, led by Mr. Bernard Ward of the Epping Field Club. He provided us with a very interesting tour, explaining the presence of the many pollarded trees, pointing out the hybrid Italian Black Poplars whose characteristic fan-like outline is frequently seen, and showing us a Maidenhair (or Grinko) tree in a private garden. We also visited the museum in the Queen Elizabeth's Hunting Lodge at Chingford, a fifteenth century timbered building with a commanding view over the forest.

May 18th saw us at Boxhill, a meeting led by Miss Janet Dacie, to study the chalkland flora . . . and blessed by lovely sunshine. In Juniper Valley a survey was made of the plant life and also of anthills. Two members of the party lost themselves in the woods on this occasion !

On Sunday, June 8th, Mr. Michael Constable took a party to Knockholt, Kent. There was some wonderful scenery and an interesting fungus, *Bulgaria inquinans*, black and of rubber-like consistency, was found in an old log . . . also found were some larvae of the six-spot burnet moth, feeding on birds-foot trefoil.

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The next three trips were all to the Walthamstow Reservoirs . . . on July 27th ; August 31st ; and September 21st.

These are a real haven for bird-life . . . and one of the wooded islands in Reservoir 5 contains one of the largest heroneries in Essex . . . so plenty of Herons were always seen . . . either at the nests or fishing. Common Sandpipers are frequently seen in flight . . . three Kingfishers and a Cormorant were seen on one occasion, while here is also plenty of waterfowl, mostly tufted Duck and Mallard and a few Pochard. Swans, Coot and Great Crested Grebe are also plentiful. It is also a good hunting-ground for four-leaved clovers !

On one occasion bizarre streaks of smoke were frequently seen rising vertically from a tree-top . . . there were many inadequate explanations forthcoming before it was discovered that this was due to flies.

On Wednesday, November 12th, a visit was made to the London Natural History Society's Centenary Exhibition at the Royal Exchange. There were exhibits by the Archaeology, Botany, Ornithology, Geology, Entomology and Ecology sections, the Mammal group and the Epping Field Section. These included some wonderful photographs, interestingly arranged collections of insects . . . and graphic interpretations of field work done by the Society. There was also the Roman precursor of the "Bikini"—made of leather !

We made a further visit to Epping Forest on Sunday, November 16th, to see it in Autumn as opposed to Spring. The Beechwoods were still golden-brown underfoot . . . and somewhat muddy too ! There were plenty of birds to vie our attention, and a considerable number of interesting Fungi (all of which we were not able to identify). We were fortunate to see a pair of Greater Spotted Woodpeckers . . . and to find some Butcher's Broom, with some red berries on it ; the holly, too, was well covered with berries.



### RECENT LECTURES

Sir Archibald McIndoe delivered the Bradshaw Lecture at the Royal College of Surgeons on December 11th, 1958.

## MOSCOW

by MALCOLM DONALDSON

As a member of the British Scientific Film Association of many years standing, I recently attended, as a delegate, the annual meeting of the International Scientific Film Association held, this year, in Moscow. The I.S.F.A. was started in 1948, has gradually grown and, this year, some 27 countries were represented and over 250 films were shown. There is little doubt that it will become more and more important, as the value of such films becomes better recognised. The film sessions were held in the "Central Cinema House" of the U.S.S.R. Association of Film Makers, which is admirably constructed for such a conference with several rooms for viewing films, some equipped with translation telephones. The main theatre can hold about 1,000 and here, each evening, popular science and art films were shown, the public being admitted, and the hall was crowded out. It should be stated at once that the members of the delegations were met with the utmost friendliness wherever they went, and shown every kindness. The work of the interpreters was worthy of all praise, they never spared themselves. Our hosts, the Ministry of Culture, were most generous, and provided the delegates free hotel accommodation and free transport to and from the "centre," and on the many sightseeing expeditions.

It was not possible to see every film, and space does not permit me to describe all that I did see, but I often wished that I had with me a really scientific medical man to explain and discuss the various films on physiology and pathology, but I was the only medical man in the British delegation. Some of these films would make excellent teaching material, e.g. the Japanese film showing the fight between leucocytes and tubercle bacilli, and the "dynamics of phagocytosis" by the U.S.A. The film on the action of anti-biotics on bacteria from St. Mary's Hospital was good. One of the Russian popular science films, "That the Doomed May Live," dealing with heart surgery, was terrible dramatic, and the

surgeon who strutted about like Mussolini was described as having the "heart of a lion and the hands of a woman." Another film made purely for Cancer Education was equally dramatic and, in addition, showed animal tumours, treatment, etc. All this may be suitable for the Russian temperament, but I am convinced that such films build up hospitals and treatment into "crises" in the lives of the people, and all this will increase fear. What is needed for the public in this country are films showing medicine as an ordinary everyday subject, encouraging people to talk naturally about disease. That is the way to get rid of fear.

At the end of the conference a number of diplomas were given, of which one was won by this country for the film "Between the Tides," a popular science film showing the various insects, shellfish, etc., seen on the sands when the tide goes out. This coloured film is as simple as it is beautiful, and it was heartily applauded by the public who are allowed to see the evening shows. "Glass," a Dutch film, showing the making and blowing of glass bottles, vases, etc., was synchronised with music in a most amazing way. This obtained a special prize of a large cut glass jug, presented by the Russians, as well as a special diploma. These latter awards were received with round upon round of applause from the public, showing how extremely popular members of the Dutch delegation were with everybody.

I feel convinced that in this country we are not making sufficient use of films, particularly in teaching medical students. I do not doubt that every research worker in Bart's uses the cinema as an aid in his work, but at the time of my retirement there was a tendency in some quarters to decry films as waste of time in teaching, but things may have changed greatly in the last ten years. It is obvious that a half-hour film may be complete waste of time, but short films, interspersed in a talk, can be very valuable, as more people have good

visual memories than auditory ones.

I wish that more Bart's people could be interested in films and would join the S.F.A. (subscription £2 2s. 0d., particulars from A. Hughes, S.F.A., 3 Belgrave Square, London, S.W.1), and this would enable them to attend meetings of the I.S.F.A., in addition to the benefits of S.F.A. The next meeting of I.S.F.A. will probably be in England, and 1960 in Prague. "Join the S.F.A. and see the world."

### The Journey Out

Our journey to Moscow took us through Denmark and Finland, and it was interesting to contrast the scenery as seen from the train. In Denmark, every farm, with its white cottages and buildings, looked a picture of perfect farming, not a blade of grass out of place. In Finland, many swamps, forests of firs, birch and other trees, but much less farm land and little good farming was seen. Helsinki is, perhaps, a little disappointing, but a very fine parliament building and some scattered modern buildings, especially in the suburbs, like a rather dull cake with some nice plums in it. The frontier station in Russia was quite imposing, mostly marble, with statues of Lenin and Stalin, the latter not yet removed. After that, for mile upon mile, a flat country, mostly poorly cultivated, with clusters of wooden huts and roads which were merely muddy lanes, although, in some places, there were slightly better built villages, and an occasional town. A truly dreary scene.

Obviously it would be quite absurd, after only two weeks in one city, to come to any conclusions or to make any dogmatic statement about a country extending over one-fifth of the earth's surface and containing over 200 million people. On the other hand, unless one is completely senile and blind, it is impossible *not* to receive some impressions from what one sees and hears. Looking at this dreary country, one is tempted to sympathise a little with Lenin, whom everybody agrees was a cultured, well read and widely travelled man, when he felt that something drastic had to be done. Whether he adopted the best method, or whether the methods being carried out now are the best for the country, is quite beyond my knowledge or judgment.

Arriving in Moscow we were met by an

interpreter and a large Intourist car, then taken to a skyscraper hotel of 30 storeys and 1,000 rooms, with a small refreshment room on each floor, as well as a larger one on the ground floor. There was no staircase to be seen, but rumour had it that somewhere there was one for the staff, there was no outside fire escape. It was not easy to order food, as very few speak anything but Russian, and they are not good at "Dumb Crambo." Nevertheless, an imitation of a squealing pig did produce some bacon, but scarcely a smile on the sad slavonic countenance of the waitress. Food is at least twice as expensive as in this country. It is interesting that tea (Chi) is served to men in a glass held in a metal container but, as a rule, ladies are served with a cup and saucer. Not quite "U" to drink out of a glass.

Moscow was founded in the tenth century, around a fortress where the Kremlin stands today. The present Kremlin walls were built in the fourteenth century. Before the revolution the town must have been a curious mixture of large houses and wooden huts, and many of the latter are still seen in the middle of the city, forming streets of slums with many broken window panes and small backyards. The Kremlin, with its twenty towers, requires no description, as it is well known to everybody, but the palace, built in 1838, is now a museum containing the clothing, armour, etc., belonging to the old Czars, and cases of priceless jewels. The old carriages (one presented by Elizabeth I) are on view, and many presents from sovereigns of other countries. The Cathedral, where the Czars were crowned, and two other churches are no longer in use, but kept as show places, with many beautiful Icons and magnificent robes of the priests. In one of the very large assembly halls, meetings of the Communist Party of the Soviet Union meet and other conferences are held. There is seating accommodation for about 3,000 people, with telephone translation sets for the various nations within the Union. The Red Square, containing the tombs of Lenin and Stalin, is slightly disappointing, as photographs suggest that it is larger than it really is.

The main streets in Moscow are very wide, and the outer circular road will take twelve lanes of traffic easily, with a "no man's



land" 15 feet wide down the centre, for the use of Ambulances, Police cars and doctors on emergency work. Cars can only turn at certain points so, if a car is on the wrong side of the road, it may be necessary to travel a quarter of a mile before it can get over to the other side. Pedestrians are only allowed to cross at pedestrian crossings, but motors do *NOT* slow down at these crossings, a case of the "quick and the dead." Most people get through two or three lines, then stand still whilst cars and lorries pass at anything up to 50 miles an hour (clocked on a bus I was riding), then run the gauntlet to reach no man's land. It is extraordinary how calm the people are. The safest way is to go to a crossroads with lights, but even here it is necessary to do a "four minute mile" to beat the lights. The streets are very clean, and large vases are situated every 50 to 100 yards for cigarette ends, etc. The pavements and gutters are swept by elderly, often bent, women, who can be seen, at one in the morning, busy with their birch brooms. We are told they come in from farms, and enjoy it! no accounting for taste. Most of the people are dressed very shabbily, possibly "it is the thing" to be shabby, for the same people are seen taking taxis and buying grapes at 5s. a pound. The halls and decorations in the Underground are all that the Russians claim, and, of course, there are no advertisements or posters, as the government own all production and shops. Foreigners can walk about the streets freely and take photographs, but it is not easy to find the way when all maps are printed in Russian, the letters being indecipherable and unpronounceable. Occasionally a policeman can speak a little German. The shops are small, as a rule the ground floor of a block of flats, except for one Selfridge-like store near the Red Square. Each type of shop has the same goods.

Many excursions were planned for the delegates, and we were taken to the new University opened in 1953. The building and its approach are very impressive, if a little too ornamental for some tastes. It is of the same design as other skyscrapers in the city, and the top of the steeple-like spire lit with a red star at night, is 720 feet from the ground. It has 32 floors, and there are approximately 18,000 students taking a five-year course, 5,754 being resident, and 6,000 night classes taking a six-year course, total

24,000. The interior is also impressive, with its large assembly hall holding over 2,000 people and a student's club. Each of the 6,000 residents has a single room; but shares with one other a shower bath, etc. There is a large student's hall and stage for theatricals seating 800. Medical Students are not part of the University, but have their own Medical Institute, which we visited and listened to many long speeches of welcome, which had to be translated into French and English, but we learnt nothing about the medical profession. We were, however, rewarded by a very nice sit down tea. One's impression, borne out, perhaps, by a recent article in the *Lancet*, is that the medical profession is not very greatly admired, not connected with the University and not very well paid in comparison with other professions and politicians.

Another expedition was to the permanent Agriculture and Industrial Exhibition, situated on the outskirts of the town and covering 500 acres. On this are 15 pavilions representing the 15 republics, and a great many others for special exhibits, about 300 buildings in all. Some of the pavilions are pleasant to see, but the fountain of "Friendship of Peoples," with its fifteen very large size gilt female statues (real gold gilt, the guide said) is simply appalling. The pavilion of each republic displays the chief products of the country but, in another pavilion, were replicas of the first two Sputniks. The one for the dog was a marvel of ingenuity, showing the feeding devices and gadgets for recording physiological phenomena. We were told the dog died a painless death when the oxygen gave out; I wonder, but agree it was justified. Another exhibit showed a working model of a "reactor" at the bottom of a six metre tank of distilled water as a protection against rays with a nominal capacity of 100 kilowatts. The whole exhibition is very well laid out, and should prove of great value to the younger generation. The very loud wireless was a nuisance and, at times, made conversation very difficult.

We were also taken to a large film studio used chiefly for making documentary films, and saw some "shooting" for a film showing the delegates travelling to Moscow in 1918. After seeing all the "gadgets," especially the sound studio, which boasts it can produce any noise that ever occurred, one wonders

if any of the scenes seen in a cinema show are ever taken outside a studio.

Another very interesting expedition was to Lenin's country house about 30 miles outside Moscow, and where he died. This is not a large house (Lenin, like Peter the Great, seems to have led a simple life), "taken over" from a former Governor of Moscow who "went abroad." It is probably true that he did escape. The house is kept exactly as Lenin left it, and is held in great veneration, felt slippers being donned before entering. This is probably a wise precaution considering the state of the roads around. Among Lenin's letters is one to the Postmaster General complaining about the telephone service. Another is to an English friend in perfect English. The guides always enjoy the surprise of the foreign visitors when shown the "car used by Lenin." It is a Rolls Royce, taken over from the former owner of the house.

We had plenty of opportunity to discuss Russian life with the interpreters and other English-speaking Russians. As a rule, a question will always elicit an answer, and probably a truthful one, but no Russian volunteers anything extra in order to carry on the talk. No Russian entertains a foreigner to his home, but that is only natural under the conditions in which they live.

Religion is not encouraged, and a great many churches no longer function. We entered one where two priests were busy, the congregation consisting chiefly of elderly women and men, but a few children were present. All denominations have their places of worship, and we saw a large crowd going in and out of a Jewish synagogue. A man who was born and educated for the first ten years of his life in England, a confirmed Communist, but very balanced in his ideas, said that **Communists have complete faith in the future and disregard the present discomforts and difficulties in life.** Perhaps this is why they always put off until tomorrow that which they could so easily do today. One senses a feeling everywhere of a dislike to accept any responsibility. Serfdom was abolished in 1861, but one is tempted to wonder if the Serf-like mentality which had existed for so many thousands of generations disappeared at the same time, and this makes

it much easier to carry out the communist regime. One does not feel that it is against the will of the people. Can education and knowledge of what goes on elsewhere change this? It is true that reading letters from ambassadors of 100 years ago suggests that they were exactly the same people then, but education of the masses is something quite new. We discussed wages, which seem somewhat low, e.g. a typist gets about £5 a week, whereas a labourer may get twice that amount. There is a graded income tax, except for the poorest, and old age pensions depending on previous earnings, but it is impossible to compare wages without knowing about the cost of living. We discussed Nationalised Industries, and he agreed it was impossible if the people had the right to strike, but he said in Russia there is no need to have strikes, because every factory has its annually elected committee, who put up to the management any suggestions, as to pay, etc., and this is passed on to the ministry, who agree if it is reasonable, otherwise they refuse it. This shows a pathetic faith in ministries, not always shared in connection with our own Treasury.

There are many small differences between the customs of East and West to be noted. On one occasion I said jokingly to a lady who had lived in Moscow two years, "If you had been Lenin, what would have been the first thing you did after the revolution?" and she replied "Publish a telephone directory, there are none in the Soviet Union." Nobody could give me an explanation of this omission. There are no cash registers to be seen, but every counter has a calculating machine, consisting of a square wooden frame with wooden balls sliding on wires, exactly like the toys given to babies, except that the latter are painted. As bills with carbon copies are seldom given, it must be very difficult to keep a check on cash transactions.

Bicycles are a rarity, as also perambulators. Dogs are rarely seen in Moscow.

When one sees how poor the people look, one wonders from where all the money comes to build "skyscrapers" and huge blocks of flats, etc., but when one realises that the profits from *all* industry and production goes straight to the Government, who own everything, it is simple. Heaven

forbid that it should ever happen in this country, I prefer to go on giving half my income to the Chancellor of the Exchequer. First impressions leave one bewildered that a people who seem so successful in big things like engineering and science, can be so utterly impractical and unmethodical in small things which, at times, is very irritating. As an example, I asked the secretariat of the conference if it could be arranged for me to see a Cancer Hospital. The reply was "certainly it will be arranged, come and see me tomorrow." Tomorrow the same answer, on the third day I was told that "the request must go to the 'Committee of International Affairs,' and what did I want to talk about?" I said "Cancer." On the fifth day I got an appointment with a professor at a Cancer Institute, who spoke excellent English, but was, or appeared to be, stone deaf. The same day I visited the "Central Institute of Health Education," and learned quite a lot about their ideas on Cancer Education, etc. Everybody in the Medical and Nursing profession is supposed to help in such education, but they lay much stress on yearly or half-yearly examination of all people over the age of 35. I also learnt that a person is allotted a doctor for the district in which he or she lives. I said what happens if you don't like the doctor, but they said "Why shouldn't you like him?" It seems that if the patient does not like the doctor, the only thing is to move house.

I was also annoyed over the issue of a return ticket for which I had paid in London and held a voucher, it required eight visits to the bureau before I received them three hours before the train started, and then had to pay a taxi fare to have them fetched from the station. My blood pressure is still high.

### Return Journey

Having obtained the tickets, Leningrad (St. Petersburg to me) was reached after a very comfortable railway journey in a wide carriage for two, except that it was impossible to turn off completely the wireless, which continued to murmur all night. It was almost with relief and easing of tension to find ourselves in that very beautiful city of Leningrad. Peter the Great had nothing to learn from the present generation of town planners. Nice broad streets, not so wide as Moscow, and wonderful large squares. It is a European city, with good shops, and

even the contents seemed different and better to those in Moscow. The people in the streets did not look quite so shabby. We went to a large mid-Victorian type of hotel, where we occupied a suite of rooms, a drawing room with a piano ("Not to be played after 10 p.m."), gilt arm chairs, large beautiful vases (Dresden) which should be museum pieces, except slightly damaged. A study with large desk and leather arm-chairs and sofa. Bedroom with enormous wardrobes and gilt corners, bedside lamps nearly three feet high made from gilt carved figures with no switches, and the wall plugs did not fit very well, bath, etc. A curious small point may be noticed about basins. Russians like to wash in running water, so the stoppers have holes in them, but on some trains a choice is given, two stoppers on one chain, one perforated, the other solid. All the rooms had ceilings 16-17 feet high, truly palatial.

We went sightseeing with a very intelligent interpreter and guide, and saw the Winter palace and Hermitage, where we glanced at the magnificent collection of Rembrandts and other great masters. Then on to St. Peter and St. Paul, to see the wonderful cathedral with the tombs of the Czars. Later we went out to Peterhof with its extensive park and 150 fountains. One of these is built like a shady summerhouse, but no sooner is the weary and unsuspecting person seated than down comes a deluge from the gutter, keeping the person a prisoner. This stops at uncertain intervals, allowing them to escape again. The palace itself, high up and overlooking the Baltic, was built after the death of Peter the Great, who had a small house on the sea shore. The Palace was wantonly destroyed by the Germans when they retired, but is now nearly rebuilt as the original, except the chapel will be a local Post Office!

The many gilt statues are not my own taste, but the Russians of that period seemed to admire them.

In the evening to see the Ballet "Don Quixote." There is always rivalry between Moscow and Leningrad as to which possesses the best ballet, but in Moscow it was shut down, so no comparison was possible, but nothing could have been more perfect than the performance we saw with a magnificent

orchestra, the only people to wear white ties and evening tails. "And so to bed mightily satisfied" as Mr. Pepys might have said, but my wife was with me at the ballet.

Next day more sightseeing, the cathedral of St. Isaacs now kept solely as a show place, the gilded dome next highest of any except St. Peter's, Rome, is my only memory of Russia when I last visited it aged five.

In the evening embarked on the *Baltika*, a U.S.S.R. ship. The story is that this ship was built in Holland, paid for by the Finnish people as part of war reparations, called the Molotoff, but the name since changed for obvious reasons to *Baltika*. That should be safe for a bit. She was very comfortable, 8,000 tons, designed to carry only 416 passengers and very little cargo, actually carried less than 90 this voyage, so there was

plenty of room. The cabins are two bunks and very spacious. An oil burning turbo-electric gave rise to practically no vibration, and the sea was perfect. We called at Helsinki, Stockholm and Copenhagen. Soon after the last call, course was altered, and we went through the Kiel Canal to be certain of getting in on the earlier tide. Unfortunately it was dark when we passed through the Canal. It is difficult to see how such a ship can pay its way.

We arrived punctually at our journey's end to resume, once more, our pleasant humdrum life in Oxford, and I to take up once more my fight for Cancer Education.

What do you think of the Russians? What are the Russians like? After two weeks, I agree with Churchill, "they are a mystery within an Enigma."



## DEVELOPMENT OF DEPARTMENT OF ANAESTHETICS

by J. L. THORNTON

The history of anaesthesia has attracted numerous writers, and there is a wealth of literature devoted to the subject. This does not imply that the subject is exhausted, nor does it mean that the essential facts in the development of anaesthesia have been settled beyond doubt. We have noted several general histories of the subject, biographies of certain of the pioneers, and items outlining the growth of certain branches of anaesthesia. Such writings take us on journeys across the Atlantic and to various parts of the Continent, picking up the threads of the story, but it is of great interest to investigate the development of anaesthesia in one hospital, to mark time, as it were, and note how the various developments and improvements were introduced into practice in an institution that has always endeavoured to initiate progress.

Samuel John Tracy (1813-1901) in a letter dated July 28th, 1850 (Tracy, 1850), suggests that the staff were carefully watching

the progress of anaesthetic agents, and that at the first introduction of sulphuric ether into the country as an anaesthetic, he had used it in several thousand cases during the extraction of teeth. Upon the introduction of chloroform this displaced chloric ether, which had been employed for a short period, and Tracy mentions that anaesthetics had then been administered 7,000 times at Bart's without a single fatal result. We know that (Sir) William Lawrence (1783-1867) operated on patients under the influence of chloric ether, and he has described an operation on the eye of a patient under the influence of sulphuric ether (Lawrence, 1847).

In 1847, Tracy issued a pamphlet describing his apparatus for the administration of ether which consisted of a form of hookah pipe (Tracy, 1847). This was manufactured by Messrs. Daniel Ferguson, instrument maker to the Hospital, and, in the pamphlet, Tracy relates the story of the discovery of ether as an anaesthetic. He mentions that



it was immediately used in Bart's, Frederick C. Skey (1798-1872) asking him to extract teeth from patients under its influence.

Sir James Young Simpson's discovery of the anaesthetic properties of chloroform was reported by him in a paper read to the Medico-Chirurgical Society at Edinburgh, on November 10th, 1847. Holmes Coote (1817-1872) relates that on November 20th of that year several operations were performed at Bart's upon patients under the influence of chloroform (Coote, 1847). The supply of chloroform was prepared by Mr. Taylor, of Vere Street, and it was administered by Tracy. The first specialist anaesthetist, John Snow (1813-1858) (See Thornton, 1950) insisted that chloroform should be administered by specialists, instead of this duty being delegated to dressers. Snow (1852) stated that Tracy had administered chloroform at Bart's for many years without accidents, but that since Tracy had given up these duties two accidents had occurred. Actually, Tracy had been appointed Dentist to the Hospital, but it is a pity that he was not encouraged to continue as a specialist anaesthetist, for his early contributions to the subject showed great promise for the future. The brief details of his career have been outlined elsewhere (Thornton, 1952).

On April 27th, 1852, a meeting of the House Committee was held at St. Bartholomew's Hospital, at which the question of appointing a resident anaesthetist was discussed. A letter was read from William Lawrence expressing his opinion and that of the other Medical Officers, that it would be more satisfactory if a resident medical officer could be appointed to administer chloroform. Patrick Black was appointed at a salary of £50 per annum, but this was three years after Tracy had ceased to administer chloroform to patients. Meanwhile, this function had been performed mainly by dressers. Patrick Black (1813-1879) held several appointments at St. Bartholomew's Hospital, and was elected Physician in 1860. He wrote a pamphlet entitled *Chloroform: how shall we ensure safety in its administration*, 1855, in which he investigated the dangers involved in the administration of chloroform. This would appear to be Black's sole contribution to the subject and, in October, 1856, he resigned the office of Administrator of Chloroform at Bart's

(Thornton, 1955 a-b).

At the meeting of the House Committee at which Black's resignation was accepted, Robert Martin (1827-1891) was appointed to the same position, which he held for almost three years. His letter of resignation was dated July 7th, 1859, and on July 12th, Rayner Winterbotham Batten was appointed to succeed him. This indicates the comparatively short periods served by several of these early anaesthetists, and it is also a fact that few of them contributed anything noteworthy to the development of the subject. It is significant that the fact that they served as anaesthetists is omitted from obituary notices and other biographical material relating to most of these individuals. A list of the Heads of the Department is appended to this article, and is more complete than others previously published.

Although many of the early anaesthetists did not achieve fame as such, certain of them became eminent physicians and surgeons. William Marrant Baker (1839-1896) is remembered for his long connection with Kirke's *Handbook of Physiology*, which he edited from 1867 to 1892, and as Surgeon to the Hospital from 1882 to 1892. Incidentally, he married Annie Mills, sister of Joseph Mills, who later succeeded to the position of Anaesthetist (Baker, 1896). John Langton (1839-1910) became Surgeon to the Hospital in 1881 and retired in 1904. He acquired a great reputation as a teacher of anatomy and surgery (Langton, 1910-11). Langton was succeeded in the office of Administrator of Chloroform by Howard Marsh (1839-1915). The latter was Surgeon to Bart's from 1891 to 1903, when he resigned to become Professor of Surgery at Cambridge (Marsh, 1914-16).

After the resignation of Howard Marsh, the House Committee meeting on September 14th, 1869 recommended that a clause be added to the Charge of the Administrator of Chloroform to the effect that in the event of his necessary absence from the Hospital, his duties should be delegated to one of the House Surgeons, provided another House Surgeon was present. It is significant that few applicants were available when this office became vacant; in fact, it is usual to find that the only applicant was appointed. In 1874 it was decided that certain alterations



were desirable in connection with the post of Administrator of Chloroform, and on December 8th, the House Committee listened to a report on the subject from the Medical Council. This recommended that the salary attached to the office be increased to £100 per annum, and that the holder be required to reside in the Hospital in rooms in the College provided rent free. Also that an Assistant Administrator of Chloroform should be appointed, at a salary of £25 a year, who should also be resident rent free. Joseph Mills (died 1895) was appointed Administrator of Chloroform in 1875, and it was during his tenure of office that the Department of Anaesthetics began to receive due recognition. In fact, when his resignation was accepted by the General Court on March 23rd, 1893, it was as Principal Administrator of Anaesthetics. Previously, however, after holding office for seven years, Mills requested the House Committee, meeting on January 12th, 1882, to make certain alterations in the terms of office. He asked to reside away from the Hospital, and for a second Resident Assistant Administrator to be appointed. It was considered desirable that students should receive theoretical and practical instruction in the use of anaesthetics, and that Joseph Mills should give this instruction. Furthermore, the Senior House Surgeon, House Physician, Ophthalmic House Surgeon and Midwifery Assistants, and all who might be called upon to administer anaesthetics must first produce a certificate from the Principal Administrator of Chloroform to the effect that they were competent to administer anaesthetics.

Mills introduced a method for prolonging anaesthesia during operations in the mouth, using intrapharyngeal intubation. He introduced the tube of a Junker's inhaler through the nose, but without packing the throat. He began to use this modification of Junker's apparatus in March, 1878 (Mills, 1878, 1883).

Joseph Mills was the first member of the Staff to devote himself entirely to anaesthesia. He was a skilful anaesthetist, and his teaching was appreciated as resulting from extensive hospital and private practical experience. As Sir D'Arcy Power (Gill, 1933) has stated in an obituary notice of Richard Gill, Mills' successor, Mills "raised the administration of chloroform to a fine art and left a tradi-

tion which placed the anaesthetic department foremost amongst those in the hospital" (See Mills, 1894-5).

Richard Gill (1856-1933) was a native of Liverpool, and qualified at Bart's in 1880, and the following year became F.R.C.S., without having presented himself for the Membership. He was Assistant to Mills from the year 1881, and succeeded him in 1893. Gill held office until 1916, by which time the office was called Administrator of Anaesthetics in the Hospital and Demonstrator of Anaesthetics in the Medical School. Upon his retirement, Gill was made a Governor of the Hospital, but was not given the honorary title of Consulting Anaesthetist. He was interested in economics, and wrote books and articles on free trade, in addition to contributing to the literature of anaesthesia. Gill was the author of a two-volume book entitled *The CHCl<sub>3</sub> problem*, 1906, and the following articles in periodicals: Rises of temperature after operation (*St. Bart's Hosp. Rep.*, 18, 1882, pp. 403-8); Notes on chloroform anaesthesia (*Ibid.* 30, 1894, pp. 17-25); The mechanical factor in anaesthesia (*Ibid.* 31, 1895, pp. 155-168); On variations of the pupil during anaesthesia in the normal subject (*St. Bart's Hosp. J.*, 3, 1895-6, pp. 56-8); On stomachic phenomena during chloroform anaesthesia (*St. Bart's Hosp. Rep.*, 34, 1898, pp. 107-125); Chloroform action (*Proc. roy. Soc. Med.*, 1908-9, ii, Sect. Anaesth., pp. 1-14); and Anaesthesia in post-pharyngeal abscess (*Ibid.* 1910-11, iv, Sect. Anaesth., pp. 34-7) (Gill, 1933).

It is of interest to record that the successor to Tracy as Dental Surgeon to the Hospital, Alfred Coleman (1828-1902), was also keenly interested in anaesthetics. Appointed to that post in 1867, Coleman, in association with Clover, investigated methods of prolonging anaesthesia in dental operations. He was particularly interested in the subject of nitrous oxide anaesthesia, to which subject he contributed several papers (Coleman, 1901-2).

Edgar William Willett (1856-1928) served as Second Administrator of Anaesthetics to Bart's Hospital from 1895-1906, and in 1905 was President of the Society of Anaesthetists. Edgar Willett was a cousin of Alfred Willett, surgeon to the Hospital, and has been described as "careful rather than brilliant."

(Willett, 1927-8). He wrote an article "On ether rash," which he stated he encountered in 4.2 per cent in hospital practice, 6.6 per cent in private practice, stating also that ether rash was much more common in women than in men (Willett, 1896).

William Foster Cross (1873-1934) was another Second Administrator of Anaesthetics (1906), and has been described as the third and probably finest of the trio Mills, Gill and Cross (Cross, 1934). He was born in the Hospital in 1873, a son of William Henry Cross, Clerk to the Governors. After qualifying in 1896, Cross became Junior Resident Anaesthetist two years later, Senior Resident in 1900, and Senior Anaesthetist in 1916, on Gill's retirement. Cross retired in 1924, and was elected a Governor and Consulting Anaesthetist, dying on July 14th, 1934. He had a large private practice, and was one of the best-known anaesthetists in London, but was rather conservative in method, making little use of the newer anaesthetic machines.

Born in Barbados in 1875, Henry Edmund Gaskin Boyle became Junior Resident Anaesthetist at Bart's in 1902, and successively Senior Resident (1903), Assistant Anaesthetist (1905), Anaesthetist (1913) and Consulting Anaesthetist in 1939, when he resigned from the Staff owing to ill health. He died on October 15th, 1941 (Hadfield, 1950). Boyle introduced the scientific administration of anaesthetics, as distinct from the drop-bottle-and-lint of Mills, and the gas-and-ether induction used by Gill. Boyle promoted gas-oxygen-ether anaesthesia and, about 1916, the Gwathmey apparatus for this was imported from the United States. These machines tended to develop mechanical defects, and Boyle decided to evolve one of his own. The first was rather primitive, and included a small spirit lamp hanging on one of the bars to prevent the freezing-up of the valve. Many modifications were subsequently introduced, and Boyle's apparatus is still widely used. After a visit to America, Boyle brought back the Davis gag, which, with slight modifications, has been used in this country as the Davis-Boyle gag.

Boyle was the author of *Practical anaesthesia*, 1907, which went into a second edition in 1911, and a third, re-written with the assistance of C. Langton Hewer, in 1923.

His articles in journals include: "Anaesthesia by the gas-oxygen-ethanesal and the gas-oxygen-chloroform-ethanesal combinations" (*Brit. med. J.*, 1923, II, pp. 806-8); "Recent work in anaesthesia for gynaecology and obstetrics," written with C. Langton Hewer (*J. Obst. Gynaec. Brit. Emp.*, 31, 1924, pp. 264-6); "An improved anaesthetic apparatus" (*Lancet*, 1926, I, p. 1044), in which a hot-water cup is provided for the ether bottle, replacing the lamp; "Gas-oxygen in midwifery" (*Brit. med. J.*, 1929, II, pp. 1051-2), in which Boyle suggests the substitution of gas and oxygen as an analgesic in midwifery, replacing chloroform; and "Nitrous oxide; history and development" (*Brit. med. J.*, 1934, I, pp. 153-5).

Rubens Wade (1880-1940) held anaesthetic appointments at several hospitals, and was Senior Anaesthetist at Bart's at the time of his death in 1940 (Wade, 1939-40). During the first World War he was anaesthetist to the Military Hospital at Sidcup, and was particularly interested in anaesthesia in relation to plastic surgery. Wade wrote the section on Anaesthesia (pp. 23-28) in Sir Harold Gillies' *Plastic surgery of the face*, 1920, and an article entitled "Methods of general anaesthesia in facial surgery" (Wade, 1918).

This short article has mainly been concerned with Heads of the Department of Anaesthetics, and cannot, for example, take into account the work accomplished by present members of the staff of that Department. Other distinguished men have served in the capacity of resident anaesthetist, assistant anaesthetist, chief assistant, etc., and mention must be made of Charles Frederick Hadfield, Administrator of Anaesthetics from 1916 to 1935, in which year he was elected Consulting Anaesthetist, and Brian Rait-Smith (1904-1949), who died while serving on the senior staff.

Bart's has always been to the fore in introducing new agents and improving existing facilities, as evidenced by the early history of the Department, and by the incorporation of the pipe line system and suction for five theatres and anaesthetic rooms in the George V Block. Trichlorethylene was also introduced into this country by being first used at Bart's in 1940, and the results of these administrations were described in the early war years (Hewer, 1941, 1942).

## ADMINISTRATOR OF CHLOROFORM

The precise dates given are those of the meetings of the House Committee or General Court at which the appointments and resignations were recommended or accepted.

	<i>Appointed</i>	<i>Resigned</i>
Patrick Black .. .. .	April 27th, 1852 ..	October 14th, 1856
Robert Martin .. .. .	October 14th, 1856 ..	July 12th, 1859
Rayner Winterbotham Batten ..	July 12th, 1859 ..	June 11th, 1861
Francis Lloyd .. .. .	July 9th, 1861 ..	April 11th, 1865
William Marrant Baker .. ..	July 11th, 1865 ..	November 14th, 1865
John Langton .. .. .	November 14th, 1865 ..	July 14th, 1868
Frederick Howard Marsh .. ..	July 14th, 1868 ..	July 20th, 1869
John Astley Bloxam .. .. .	September 14th, 1869 ..	September 12th, 1871
A. E. Cumberbatch .. .. .	September 12th, 1871 ..	February 10th, 1874
I. H. Stowers .. .. .	March 10th, 1874 ..	July 14th, 1874
Joseph Mills .. .. .	1875 ..	March 23rd, 1893

## CHIEF ADMINISTRATOR OF ANAESTHETICS

(From 1893 the Senior Anaesthetist was given this title)

Richard Gill .. .. .	1893 ..	1916
William Foster Cross .. .. .	1916 ..	1924
Henry Edmund Gaskin Boyle ..	1924 ..	1939
Rubens Wade .. .. .	1939 ..	1940
Christopher Langton Hewer .. ..	1940	

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## A PATIENT'S VIEW

by ERIC WATKINS

*O woman, in our hours of ease  
Uncertain, coy and hard to please . . .  
When pain and anguish wring the brow  
A ministering angel thou.*

Great Scott, how hackneyed your lines have become; and how ironically they were used by Bernard Shaw when he made the outlaw in his *Wild West* play shout them bitterly at a mob of women howling for his blood. But, though belied by exceptional instances, made absurd by changes in the fashions of versification, and worn to tatters

by over-quotation, the poet's words nevertheless, express a universal truth.

When Sir Hartley Shawcross recently quoted the second couplet at Tunbridge Wells Hospital, I hope his audience of nurses did not squirm. Nurses, of course, profess to be tired of being called ministering angels.

Some resent it, insisting that their feet are planted firmly on the ground, as indeed they must be if they are to cope with their down-to-earth routine. Others laugh it off, like the young nurse in Waring Ward (the pretty one, it was—but aren't they all?) who responded to my tentative compliment by asking, "Can't you see my wings sprouting?"

For all that, Sir Hartley wasn't far wrong when he singled out nurses as the angels who redeem all the shortcomings of the Welfare State.

As a short-term patient in Waring not long ago, I found my rather nightmarish notions about hospitals being sharply revised. From the moment of entry I found myself breathing an atmosphere of infinite kindness, in which each patient seemed to be treated as a human being with a soul of his own.

It wasn't only the nurses, of course, who created this atmosphere. The surgeons, the ward sister, in fact everyone, including the newspaper man and the cleaners, helped to make me feel that sweetness and light dwelt within the walls of Bart's, and that the nightmare was outside, in that world of haggling politicians and cold war imbecilities which burst in when I put on my headphones at news time.

As a political journalist, deeply involved in that outside world of cynical equivocations, I found a period in Bart's doubly healing. I came out, not only with my double hernia repaired, but with my faith in humanity restored.

I didn't use my headphones much, and I must confess to the kindly lady with the book trolley, that I read only a page or two from the volumes which she pressed upon me. It was enough to lie and watch the nurses at work—all of them so friendly, so gay and lively, so free from pious solemnity, that they will accuse me of talking pompous nonsense if I say too much about the spirit

of dedicated service which obviously inspired their unflagging energy throughout the day.

Throughout the night, too. My habitual insomnia didn't worry me so long as it didn't worry the nurses. (I often pretended to be asleep—and, anyway, my abominable snoring, when I did dose off, must have disturbed them a good deal more than my wakefulness.) Lying awake gave me an unforgettable impression of the nurses' unending service at all hours to people much worse off than myself. I got to know all their silhouettes behind the drawn curtains of the bad cases.

And when at last I fell asleep, I didn't mind the early rousing for a wash and breakfast. To co-operate in an obviously necessary routine seemed the least one could do. For the spirit of the nurses was infectious. No doubt they had caught it from the centuries-old Christian tradition of Bart's, and we in turn caught it too. As soon as we were up we felt impelled to help our fellow-patients with small services, like handing round cups of tea, newspapers—or just friendly chat.

Perhaps it was just as well that I didn't want to read—and here I come to the one jarring note. This was when a nurse twice asked me—so politely—whether I really wanted my light on. The first time I didn't need it, and I switched off. The second time I couldn't refrain from remarking that if I made any serious attempt to read by that dim bulb, I would soon be transferring to an eye hospital.

This incident brought sadly home to me that the world of sweetness and light was controlled and kept in check by that other world of darkness and suspicion, a world where foolish men sit working out a monstrous sum, pruning welfare costs to pay for weapons of mass murder—weapons whose evil futility would be manifest if the spirit of Bart's prevailed among men.



### QUOTE OF THE MONTH

Patient in Outpatients: "Is it catching Doctor?"

Doctor: "No, Ma'am."

Patient: Oh, good! Then I can't have caught it."



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## LETTERS TO THE EDITOR

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Dear Sir,

I thought the enclosed letter from Sir Philip Manson Bahr to Dr. Bourne (and forwarded to me by Dr. Bourne for your consideration) might be of interest to your readers.

Yours faithfully,

FRANCIS M. BOLTON.

(Hon. Sec., Art Exhibition Committee)

Abernethian Room,  
St. Bartholomew's Hospital.

Dear Bourne,

I would like to thank you for your great kindness and courtesy to me at the Bart's Art Show and, needless to say, I was very honoured to be asked to the ceremony. It was really a delightful occasion, and I think that you and your brigade of young men and young ladies are to be congratulated on having put up a really good show. It is one of the best I have ever seen, and is a great credit to the organisers and participants. I think you, too, are doing a good deal by keeping the spirit alive. It does everyone good. I shall describe my experiences to my Committee at the Meeting of the Medical Art Society tonight.

I hope you will take notice that there is to be a combined exhibition of all doctors and associates interested in Medical Art, at the B.M.A. Meeting in Edinburgh next July (1959). There is to be a competition and a prize. (Prince Philip was to have presided, but now, I understand, he cannot do so.)

The organiser is Professor D. E. C. McKie, F.R.C.S., Secretary of the Royal College of Surgeons, Edinburgh.

With my kind regards and my many thanks for your hospitality.

Yours sincerely,

PHILIP MANSON BAHR.

149 Harley Street,  
London, W.1.

Sir,

I read with interest Dr. J. C. Crawhall's article on the pre-clinical course at Bart's, and should like to make some comments, both as a past 2nd MB and B.Sc. student at Charterhouse.

Firstly, I would agree wholeheartedly with his general analysis, especially with the need to emphasise the importance and relevance of the pre-clinical subjects to clinical medicine. I would venture to suggest that this careful explanation is particularly important in Dr. Crawhall's own department of Biochemistry, for it is understandable that some are dubious of the value of learning, for example, the complex steps of the Krebs cycle, or the odd properties of obscure enzymes, of which no one knows the formulae of and frequently the function. Guidance is necessary.

Secondly, I would agree in deploring the fact that postgraduates who return to the College do so only to teach rather than do research, and to aid their own re-learning of basic subjects which they only studied anyway, to 2nd M.B. standards. *Whose fault is this?* There are, as far as I am aware, no short-term research posts available in any department in Charterhouse, and no scheme whatever to encourage research either at the undergraduate or post-graduate level. In the U.S.A., numerous such schemes exist in all medical schools, indeed, student research is an important part of the medical curriculum. Our demonstrators in the physiology or anatomy departments never undertake their own original research, although they do, to some extent, assist in the research work of the lecturers. I would suggest that there should be a postgraduate research post available at least in the department of physiology, now that students are regularly taking an honours degree in that subject, for research in either clinical or pure physiology. This would be desirable if only to obtain some junior staff with more than just a basic working knowledge of the subject.

Lastly, I would disagree most strongly with Dr. Crawhall that the "lack of fundamental interest in the subject . . . even includes most of the B.Sc. students." Surely it is obvious that nobody would postpone his entry to the hospital by eighteen months—thus, for most people, doubling the length of the pre-clinical course—unless he had a great and fundamental keenness and interest in physiology. Further, it would not be possible for a disinterested student to complete this arduous course.

Yours faithfully,

G. M. BESSER.

Abernethian Room,  
St. Bartholomew's Hospital.

Dear Sir,

It was with amazement and irritation that I read my successor's first Viewpoint, and I would beg leave to reply to it, both because I disagree with the sentiments expressed and because I claim to be as well, if not better, informed about the matter discussed.

On two points only have we common ground. Firstly, a regret that more trophies do not reach the Library and, secondly, that so many students are inactive in the athletic sense. There, however, we part, for the former should not, for many reasons, lead to a censure of the various clubs, and the latter involves a consideration of the moral duty of students to support the Hospital, and neither he nor I are in a position to pass judgment.

For myself, I am sometimes disappointed, but never shocked, that we do not achieve more! On the contrary, I am often surprised that we achieve so much. Our teams are usually built of keen players, but ones who have previously attained no great reputation nor shown great potential at their sports. Yet they usually perform honourably, if not outstandingly. How should they be expected to win

a constant stream of trophies? When this happens it usually means that, purely by chance, more talent than usual is available in that field.

The writer now proposes to restrict sport to a limited number of large clubs. Having regretted a measure of apathy, he now wishes to limit opportunity. In doing so he forgets two things. Firstly, that he is proposing a gross limitation of the freedom of the individual and, secondly, that the small clubs, of which he speaks so disdainfully, often achieve more in both a relative, and an absolute analysis, than the larger ones. For example, the rifle club's present run of success.

Lastly he makes an acid remark about those who do not find it worth while turning out for the hospital. I would state, with confidence, that his implications have no foundation. The only case in any way similar to the state of affairs he is suggesting, involves a player, who, being of almost international standard at one game, naturally plays for good teams outside the Hospital when he can. He does, however, appear for Bart's in any competitive match, and plays regularly for the Hospital at many other sports.

I remain, etc.,

K. J. SUGDEN.

Abernethian Room,  
St. Bartholomew's Hospital.

Dear Sir,

Medical students may pass through a complete medical course and qualify without ever meeting a General Practitioner, or at any rate without any knowledge of how he works.

From time to time, Consultants refer to G.P.'s while they are teaching, and often this is in a manner which does not recommend general practice to their students. It is, however, a hard fact that the majority of medical students do eventually reach general practice rather than any of the many other branches of the profession. It is, therefore, very desirable that they should become acquainted with general work as soon as this is possible.

The College of General Practitioners has interested itself very much in the welfare of medical students and, with the help of the Dean of the Medical School, it is trying to make contact with students, and to introduce them to practice. A well known G.P., Dr. Abercrombie, has been appointed to Bart's to help in the liaison between students and G.P.'s, and to advise students about practice if and when such information is required. Dr. Abercrombie attends Bart's once a week for this purpose.

In addition to this theoretical advice, the College of General Practitioners has a rota of practitioners who are willing to accept students and show them their work at first hand for short periods. During their last year students may apply, with permission of the Dean, to be attached to one of these G.P.'s for one or two weeks. In doing this, preference may be suggested for a particular type of practice.

Some students may prefer an industrial practice, others may want to see good class town practice, or country practice. There are G.P.'s willing to show any of these types in the area covered by the Northern Home Counties Faculty, which takes in Middlesex, Bedford, Hertford and Essex.

This scheme has been in action for several years in some hospitals in London, Edinburgh and other cities. I have worked this scheme for several years in connection with Charing Cross Hospital, with resulting satisfaction to all concerned. My partner and I have generally collaborated, and taken one student between us, thereby giving him the advantage of an old and young practitioner's method. We have generally had a student who has passed the Pathology of the Final, and he has spent the inside of three weeks with us. We have been able to show him routine surgeries and visits, with occasional midwifery. As we are both attached to Harrow Hospital, he has been able to see some of the cases in their homes, and then admitted to Hospital.

We have also been able to show them Eye Clinics under the Supplementary Eye Service, and Dental Clinics where my partner gives gases. The Chest Clinic has also been open to the student, through the courtesy of Dr. Grenville-Mathers, the Principal Medical Officer.

The student is lodged locally during his stay. It has not generally been practical to put him in the house of either partner, but friends of mine have given him lodging, and it has proved quite a satisfactory arrangement. One student had the unusual experience of being in the house at night when his host developed a very acute appendix. He could then see the case from its very start till it was admitted to hospital during the following day.

It has been customary for the G.P. to write a report on the student to the Dean after he leaves, and for the students to report confidentially to the Dean on the G.P. Some G.P.'s have resented this reporting, but it seems to me quite rational, as it is not possible for the Dean to see for himself how work is conducted in General Practice. The result of these reports, and the general appreciation (or lack of it) by the student is reflected in the recommendation by the Dean and former students to choose any particular practice.

There are far more G.P.'s available than students to accept, so the latter has a good choice. Most G.P.'s find that the students enjoy their "G.P. firm" very much.

Have you applied yet? If not, by all means try to find time for it.

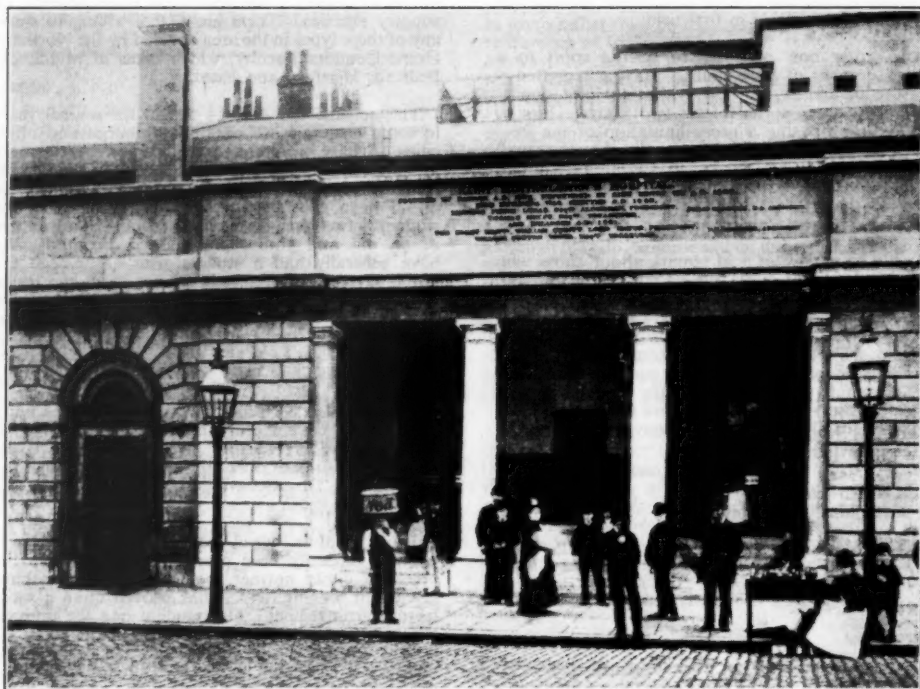
HAROLD E. THORN.

Netherbury,  
Burtons Lane,  
Chalfont St. Giles.

To the Editor,  
St. Bartholomew's Hospital Journal.

Dear Sir,

Geoffrey Bourne's reminiscences in the October Journal have brought back many happy memories.



A Photograph showing the entrance to the old Out-patient Department, taken about the turn of the century. This part of the Hospital now constitutes the Physio-Therapy Department and is no longer an entrance.

I was a medical clerk to Dropsy Drysdale and, later, one of his house physicians prior to the First World War. I never completed my full term as, together with other housemen, I joined up at the outbreak of war and went to France with the original expeditionary force.

After the war I joined an uncle in practice in the West Wight, where I have lived a most enjoyable life ever since.

On starting practice I had to apply for various local appointments, one being M.O. to the Board of Guardians, which carried with it a number of other emoluments. I had to produce three testi-

monials, and wrote to Dropsy for one. I still have it. "Dr. Mansfield was my house physician from 1913 to 1914, and he had my full confidence. I am sure he is capable of treating your paupers, but why he should want to I can't imagine." Needless to say, the testimonial was not used.

I only sent him one private patient; a lady with some cardiac abnormality. She was charmed with her visit, still more so, I expect, as no fee was charged. A few days later I got a long letter from him telling me about the various changes taking place at the hospital; at the end was a P.S., "Surely after all the time you spent with me you can deal with Mrs. ————."

One day, as a medical clerk, I happened to be in the ward when he was taking an M.R.C.P. class. He asked them a certain question, which no one could answer; the same question he had asked us clerks earlier in the day, so we knew the answer. He called me over—"Mansfield, come and tell Mr. Barris where normally you would find this abnormal blood cell." The answer was "in the foetal circulation." This caused much merriment, as John Barris was the assistant physician accoucheur, and was known throughout the hospital as "the foetus," which his appearance rather suggested.

One question Dropsy always asked the medical clerks, "The correct dose of Digitalis?" the answer he required was "Enough."

We used to attend lectures by Sir Robert Armstrong Jones at Claybury. At the end of the course he used to have a mixture of patients and staff all dressed very much alike sitting about the large hall. We were allowed five minutes conversation with each, and then had to write down our diagnosis. You can guess what merriment this caused. I remember at the end of one lecture he asked for any questions. Someone asked him if always living with and dealing with lunatics, as they were called in those days, did not affect his own sanity? "Gentlemen, I must leave you to judge that," was his reply, "but two former superintendents have been patients here!"

"Jennings of Jesus" was a friend and contemporary of mine at Cambridge; an eccentric almost to the point of madness, but full of charm. He never went to bed, but just dozed when he felt like it, wherever he was. I shall never forget seeing him one hot summer's day in the "long vacation" term, fast asleep in the dissecting room with his head resting in a practically dissected abdomen!

Unfortunately, some while ago, I had to consult an eminent Bart's physician, who has since passed away. He was an H.P. at the same time as myself, a fact he had evidently forgotten. After waiting I was shown into a room by a pompous butler. He was shortly followed by a still more pompous consultant. I stood it for a little while, and then said "———, do you remember the night we were turned out of the Holborn Empire?" Complete collapse of the stout party.

I shall always be eternally grateful for Dropsy's teaching, it has been of help to me nearly every day of my professional life.

Like others greater than myself, I could go on and on and on. I wonder if present-day medicals get as much fun out of life as we did; I hope so. Great days, I wish I could have them all over again (bar exams!).

Yours sincerely,

H. Y. MANSFIELD.

Brookbank,  
Freshwater,  
I.O.W.

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## SPORTS NEWS

### VIEWPOINT

If you read the report of the Boat Club in the following pages, you will see that Bart's did not win any of the eight events at this year's United Hospitals' Winter Regatta.

It would be easy to say that this indicated a lack of enthusiasm and enterprise on the part of the members. That is not the case. The difficulty lies in the inability of people to find time to row more than twice a week and, to achieve a major success, it is essential to double, at least, that number of outings. It requires Herculean, indeed, almost superhuman, effort on the part of individuals and that it has occasionally been possible in the past has been due to the desire of a few people to devote an overwhelming proportion of their time to rowing. One cannot, and would not, expect to find people willing to do this regularly. Thus, alas, it has been impossible to represent the hospital in this important Regatta in anything like its full capacity. That pleasure, one hopes, remains for a not too distant date in the future.

### RUGBY FOOTBALL

#### Cornish Tour

1st XV v Penzance and Newlyn. Away. Saturday, November 1st. Lost 0-11.

Once again Penzance proved to be a very difficult team to beat, although their score of a try, a goal and a penalty goal was, perhaps, a little flattering. Their success was due to the experience and skill of their heavy forwards, and the guile and speed of their County half backs, Paul and Mitchell. Bart's, however, overcoming the effects of a long coach journey from London, played very well with the forwards getting a good share of the ball from scrums and lineouts, and the backs running and tackling well.

The first Penzance score came early on in the first half, when a high kick from the scrum half bounced awkwardly between full back Britz and Rees Davies, and the Penzance left wing running up very quickly, scored near the corner flag.

After this, Bart's defending valiantly, stopped many of the Pirates' sorties. The next try was most unfortunate: the Hospital gained possession from a lineout on their 25, but the pass from scrum half to outside half went astray, and a Penzance wing-forward intercepted with the line at his mercy. The try was converted.

Undaunted, Bart's took play up into the Penzance 25 and, after making several raids on the Pirates' line, a scrum was awarded, and from the heel Davies crossed over the line. The try was disallowed as the referee was unsighted!

Bart's kicked off after the interval with a strong wind behind them, and tried again and again to pierce the Penzance defence. Mitchell, the Penzance scrum half, gave a long, accurate service to his fly half, who was then able to initiate many dangerous movements, although often he tended to run across the field thus crowding out his centres, making them vulnerable to the covering Bart's forwards. A penalty kick was then awarded against the Hospital for obstruction, which the full back had no difficulty in kicking, and the game ended with Bart's pressing strongly in the Penzance half.

**Team:** M. Britz, R. M. Phillips, J. C. Neely, J. Stevens, G. J. Halls, R. R. Davies, C. A. C. Charlton, B. O. Thomas, J. W. Hamilton, B. Lofts, R. Jones, W. P. Boladz, R. P. Davies, D. A. Richards, G. Randle.

**1st XV v Devonport Services.** Away. Monday, November 3rd. Won 14-6.

Making five changes from the team that lost to Penzance, Bart's did well to beat a strong Services' side so convincingly.

Kicking off against a glaring sun they quickly established themselves in their opponent's half, and with Gurry hooking well and Boladz monopolising the line-out, the Hospital backs were given a plentiful supply of the ball.

Thus, for the opening minutes, the Services were thrown completely on the defensive, but having successfully repelled this initial assault, they gradually began to come more into the game. Both sets of backs threw the ball about adventurously under conditions not altogether suited for a fast open game, and understandably there were mistakes on both sides. In Davies, Richards and Moynagh, however, the Hospital had a lively and aggressive back row which, throughout the match, proved to be a constant menace to the Services' threes, who were never given a chance to settle down.

The first score came after a quarter of an hour, when the Devonport right wing was caught in possession, Halls snapping up the loose ball and running strongly to score a fine try to give the Hospital a well-deserved lead. This seemed to

sting the Services into action, and following a melee just outside the Hospital's 25, they were awarded a penalty, which was easily converted. Stevens regained the lead almost immediately, after one of the Services' centres had been caught off-side in front of his own posts and, just before half time, Bob Davies scored following up a high kick ahead, to which Stevens added the goal points.

For a short period just after half time, Bart's seemed to lose the initiative, being pinned back in their own twenty-five, and it wasn't long before their lead was reduced, the Services' scrum half crossing for an unconverted try following a scrum five yards from the line. This seemed to shake the Hospital out of their temporary inertia, and they were soon back in their opponent's half. R. R. Davies and Owens both went close after a couple of good runs, and Stevens was only just short with a long range penalty. They suffered a setback, however, when Boladz, who had been outstanding throughout in a very fine pack, had to go off with a rib injury. With Bart's now reduced to seven forwards, Davies was content to nurse the touchline in an attempt to close the game up. The final score came when Stevens picked the ball up in his own 25 after a Services' movement had broken down, and having made most of the running, found Owens up for the touchdown.

On the whole, a very satisfactory performance, which has at least done something to eradicate the memories of our two previous visits to the Rectory.

**Team:** M. Britz, I. R. Smith, J. Owens, J. Stevens, G. J. Halls, R. R. Davies, B. Richards, L. R. Thomas, B. H. Gurry, B. Lofts, J. W. Hamilton, W. P. Boladz, R. P. Davies, D. A. Richards, G. Randle.

**1st XV v Bridgwater.** Away. Thursday, November 6th. Lost 0-12.

This was Bart's third game of the tour, and they had to face the prospects of meeting a strong Bridgwater side with a team weakened by injuries and players having to return to the hospital.

In spite of this, the first half went very well, and there was not much to choose between the two sides. Bridgwater scored as the result of a very good movement by the outside half and centre, both of whom play for Somerset.

During the second half Bart's played fast open football, but were unable to cross the Bridgwater line because of very good defence by the home side and to the lack of penetration by the Bart's backs.

The second try was scored by a large Bridgwater second row forward, who picked the ball up after a penalty and just managed to reach the Hospital line with three Bart's forwards clinging to him.

In this game we were defeated by a strong side which included a typical heavy West Country pack and fast, clever running backs, but although faced



with defeat, Bart's continued to play open attractive rugby, which was appreciated by the home crowd.

The evening was spent enjoying the annual Bridgewater Carnival, which was a fitting and pleasant end to a most enjoyable tour.

**Team :** A. P. Ross, R. M. Phillips, M. Britz, J. Stevens, G. J. Halls, R. R. Davies, C. A. C. Charlton, B. O. Thomas, B. H. Gurry, J. L. C. Dobson, J. W. Hamilton (Capt.), R. Jones, R. P. Davies, P. D. Moynagh, G. H. Randle.

**1st XV v O. Cranleighans.** Saturday, November 8th. Lost 0-6.

Bart's, returning to London the previous day after the strenuous Cornish tour, played well against the O.C.'s, and lost primarily because they were up against a much heavier pack on a soft muddy ground.

There were a few team changes. Dai Owen made his First XV debut at full back with Britz moving into the centre, and Mackenzie made a welcome reappearance at open side wing forward. Hamilton had received a knee injury in the Bridgewater game, and so Rees Davies led the side.

During the first half both teams were evenly matched, although the Bart's backs were much more enterprising, and one very good run by Britz nearly resulted in a score.

Rees Davies made two good breaks, and his defensive kicking was again very reliable in spite of close marking by J. C. Clements.

Mackenzie kept the Old Cranleighian's fly half Holmes in very tight rein, with the result that their backs never looked very dangerous.

The O.C.'s try came in the first half when, using their weight to advantage, they were successful with a pushover try after Bart's had heeled the ball from a scrum five yards out. The attempt at conversion failed.

The play in the second half was of a similar pattern, with the lighter Bart's pack fighting with great zest for possession and the backs trying desperately to pierce the Old Cranleighians' defence.

The score was brought to its final position by a penalty awarded for a hooking infringement.

Owen, at full back, was safe and cool under pressure and Britz had a good game in the centre.

Of the forwards, Gurry hooked well and Jones and Boladz did sterling work in the lineouts; Lofts and B. O. Thomas were outstanding in the loose.

**Team :** D. Owen, R. M. Phillips, M. Britz, J. Stevens, G. J. Halls; R. R. Davies (Capt.), B. Richards; B. O. Thomas, B. H. Gurry, B. Lofts; R. Jones, W. P. Boladz, R. P. Davies, D. A. Richards, J. C. Mackenzie.

**1st XV v Old Paulines.** Saturday, November 15th. Won 14-3.

Bart's were worthy winners of their game versus the Old Paulines at Chislehurst, scoring three tries and a goal to a penalty goal. The measure of the Bart's success was due to the superiority of their backs, who were helped in this by the fast hooking of Hamilton in the tight scrums and the excellent lineout work of L. R. Thomas and Boladz.

Bart's kicked off and were soon in an attacking position. L. R. Thomas broke splendidly from a lineout and ran fifteen yards before cross-kicking for G. J. Halls to score. The second try was the result of a very good try by Halls. He received the ball from the outside centre, handed off his opposite number, and ran very strongly for the line, giving the full back another devastating hand off in the process. John Stevens was successful with a difficult conversion. Just before half time, Laurie Thomas again broke from a lineout and galloped up the touchline pursued by a black dog, which he would have outstripped with ease, except that the referee had blown up for a previous infringement.

After the interval, Rees Davies executed a dummy scissors with his centre, John Stevens, and split the Old Paulines' defence wide open. A despairing tackle near the line sent the ball going loose for D. A. Richards, who was backing up, to score half way out.

R. M. Phillips scored the last try with a very good run down the right wing, beating the opposition by his speed and deceptive change of pace.

The Old Paulines' score came from a penalty in the last five minutes of the game.

**Team :** D. Owen, R. M. Phillips, M. Britz, J. Stevens, G. J. Halls; R. R. Davies, B. Richards; B. O. Thomas, J. W. Hamilton (Capt.), B. Lofts; L. R. Thomas, W. P. Boladz; R. P. Davies, D. A. Richards, G. H. Randle.

**1st XV v Cambridge City.** Away. Thursday, November 20th. Won 14-6.

This was a friendly match, arranged by E. F. D. Gawne, the former Bart's captain of Rugby, and both teams joined in the spirit of the game, resulting in fast open rugby which was thoroughly enjoyed by all.

The Bart's team contained nine pre-clinical players, which augurs a healthy outlook for the future of the Club.

Newcomer Burbridge, on the left wing, scored a very good try, and John Stevens kicked two very difficult penalties.

**Team :** D. Owen, N. J. Burbridge, J. Stevens, M. Britz, I. R. Smith, A. R. Davies, A. P. Ross, B. O. Thomas, J. W. Hamilton, W. A. M. Davies, R. Jones, W. P. Boladz, R. P. Davies, P. D. Moynagh, G. H. Randle.

**1st XV v Old Alleynians.** Saturday, November 23rd.  
Won 13—3.

Bart's put up a most impressive performance in beating the Old Alleynians by two goals and a penalty to one penalty.

The Hospital kicked off and, for the first five minutes, the heavier Old Alleynians' forwards seemed as if they were going to dominate the play. However, Bart's soon retaliated with vigour, and were soon on the offensive. A quick heel gave Rees Davies at fly half the chance he needed and, after making half a break, gave a well judged kick ahead for left centre Britz to snap up the bouncing ball and score. Stevens converted.

The Hospital were then awarded a penalty, given for offside in the lineout, which Stevens had no difficulty in kicking.

Throughout the game Bart's produced speed and fitness everywhere. Their scrummaging was good, and Hamilton hooked the ball against the loose head on several occasions. In the lineouts, too, Harris and Jones jumped well.

After the interval, the Old Alleynians endeavoured to keep the ball among the forwards as their halves could not get under way. This did not alter the open trend of the game and, on three occasions, the ball went right across the Bart's line for Halls to use his speed and strength to run round his opposite wing.

Then came a wonderful individualist try by R. R. Davies. After receiving the ball from a loose mele, thirty yards out from the line, he ran past the wing forward and fly half, kicked ahead and was up to beat the defence for the touch down, Stevens again converting.

The game ended in the gathering gloom, with the Old Alleynians scoring three points from a penalty awarded for a hooking infringement.

**Team :** D. Owen, R. M. Phillips, J. Stevens, M. Britz, G. J. Halls, R. R. Davies, B. Richards, B. O. Thomas, J. W. Hamilton, B. Lofts, R. Jones, M. Harries, R. P. Davies, R. Jones, G. Randle.

## ROWING

### Senior IV's

**"A" lost to London by 4 lengths.**

The "A" IV was unfortunate in being involved in two boat accidents, and these reduced an already insufficient number of outings to very few indeed. It was hardly to be expected that they would overcome a fast London IV, who were, in fact, the eventual winners. Crew : Bow, B. R. Middleton; 2, P. W. A. Mansell; 3, T. W. Meade; Str., N. E. Dudley.

**"B" lost to St. Mary's by 2½ lengths.**

An anxiety for revenge for last year's defeat by at least two members of this year's boat was not to be attained. Unforeseen circumstances had resulted in a rearrangement of the original crew shortly before the Regatta. The crew raced well and hard on the day. Crew : Bow, D. E. L. King. 2, A. J. Knight; 3, J. J. D. Berkett; Str., G. M. Besser.

### Senior Sculls

In a repeat of last year's final, A. I. Wilson sculled exceedingly well against M. H. Bartlett (St. Mary's). Wilson led by two lengths half-way over the course, but could not hold on to a hard won lead. Bartlett, a very powerful sculler, went away to win comfortably.

### Pairs

**Lost to St. Mary's, easily.**

This could well have been a much closer race had not that perennial bugbear of Bart's rowing, faulty steering, reappeared. Bart's went up on their more illustrious opponents at the start, but misguidedly decided to discontinue the engagement, setting off in another direction: alas! not the right one. Crew : Bow, J. J. D. Berkett; Str., P. W. A. Mansell.

### Junior Eights

**First Round. Beat London (disqualification).**

**Second Round. Lost to Westminster by 3 lengths.**

A last-minute injury brought in that valiant old war horse, J. R. H. Fisher, at stroke. His experience stood them in good stead against an erratically steered London crew. Bart's were much improved in their second row, but the opposition was considerably stronger on this occasion. However, they worked hard and gave Westminster a good race.

### Junior Fours

**Lost to St. Thomas' "A" by 8 lengths.**

It was, perhaps, in this event that we were most hopeful. The boat had gone very well in practice, and there was every justification to consider a likely victory. St. Thomas' "A" proved themselves unexpectedly fast, bigger and stronger. They gave our crew no chance. St. Thomas' were never seriously troubled in any of the race. Crew : Bow, J. Thornhill; 2, I. Wan Ping; 3, M. Waterworth; Str., W. S. Shand; Cox, J. V. Watson.

### Rugger Fours

**First Round. Beat St. Mary's and Guys.**

**Final. Lost to St. Thomas' by 3 lengths.**

After last year's triumph and a fairly well organised SM boat in the Bumping Races, the Rugby Club were able to enter two fours for this event. The "B" four was mainly social in its purpose, but the "A" crew went well indeed, with determination, force and perhaps some instinctive knowledge of the English style of rowing they overcame St. Mary's and Guys' by a wide margin. In the final, they were overcome by a heavier crew in both senses of the word, for besides having a member of the winning crew in that event they had also a cox of the opposite. Perhaps a return fixture could be arranged—on the Rugger field. Crew : Bow, A. R. Geach; 2, J. D. Morrison; 3, B. O. Thomas; Str., G. J. Diamond; Cox, J. V. Watson.

The Boat Club Dance was held the evening of the Regatta at the White Hart. Professor L. P. Garrod presided, and the guest of honour was T. B. Langton, Esq. (J.C.B.C. and C.U.B.C.). Among those present were O. S. Tubbresy, Dr. S. P. Quillian and Dr. C. N. Hudson. Whatever doubts one may have had concerning earlier events of the day, they were rapidly dispelled with suitably gay abandon.

### ASSOCIATION FOOTBALL

**St. Bart's 1st XI v Middlesex Hospital. Won 5-0.**

Bart's started strongly in this, the first league game of the season, and soon scored through Gould. Middlesex fought back, but were met by some strong defence work—especially the hard tackling of Amponsah at left back. The play then became very scrappy, but with Bart's still holding the initiative. Gould completed a hat trick with two well-taken goals before the interval.

The standard of play improved slightly in the second half, and Bart's gradually began to dominate the game. Gould scored two more goals—the first of which was an excellent shot taken on the turn—to bring his personal tally and Bart's score to five. Special mention must also be made of the stoic defending of Amponsah, and the success of Downer in his new position on the right wing.

**Team:** J. Mercer; G. Haig, F. Amponsah; R. Kennedy, C. Juniper, D. Prosser; I. Downer, P. Watkinson, A. Gould, N. Phillips, J. Kuur.

### RIFLE CLUB

**Match v Atomic Weapons Research Establishment, Aldermaston. November 5th.**

Standing and Kneeling, N.S.R.A. Division 10.

Scores :-

G. R. Hobday .. .. .	119
J. D. Hobday .. .. .	93
A. M. Ward .. .. .	131
	343
Opponents .. .. .	282
Match won by .. .. .	61 points

**Match v London Hospital. November 14th.**

Shoulder to Shoulder match.

Scores :-

A. M. Ward .. .. .	98
M. Barton .. .. .	96
A. M. Holloway .. .. .	91
A. J. B. Missen .. .. .	96
R. P. Ellis .. .. .	90
P. Riddle .. .. .	96
J. D. Hobday (Capt.) .. .. .	95
	662
Opponents .. .. .	646
Match won by .. .. .	16 points

### BOOK REVIEWS

**CLINICAL CHEMISTRY IN PRACTICAL MEDICINE** by C. P. Stewart and D. M. Dunlop. Fifth Edition. Published by E. & S. Livingstone Ltd. Price 27/6d.

It is now more than a quarter of a century since this well known book was first published and, during this time, it has been a helpful teacher to many who have sought wisdom from its pages.

Although text books are claimed to pass through regular revisions, many become outdated in the course of time, and current needs are only then fulfilled by the publication of an entirely new work. It is a pleasure to note that the authors are much alive to this danger, and they have made some effort to give their text a thorough overhaul. New developments in diagnostic technique are mentioned, such as the i.v. glucose tolerance test and the xylose tolerance test for malabsorption. Short sections have also been added on 5 hydroxytryptamine, the amino acidurias and porphyria.

With the continued growth of medical science, the authors have found some difficulty in keeping the book down to its original size. The chapter on gastric function has been reduced, and instructions for the management of such investigations as the urea clearance test and the BMR have been relegated to small print.

The important two chapters on salt and water metabolism and acid-base balance have been rewritten and enlarged. This extra space seems to have been grudgingly given, because it is quite clear that the authors attempt to say too much within the compass of too few pages. The loss of some diagrammatic representation that was present in the previous edition, is a sacrifice of clarity. Only nine lines are devoted to an explanation of milliequivalents, but the importance of these units is not made clear.

The remaining chapters go systematically through medical biochemistry and give as good an account of the subject as can be found in any book of comparable size. Only one serious mistake was noted which should not be allowed to pass without comment, namely the statement that a serum amylase of 300 Somogyi units or more is clearly indicative of acute pancreatitis. There are few tests in medicine which clearly indicate anything with absolute certainty and there are many cases recorded in the literature to show that the serum amylase is not one of these.

It is possible in most books to find some trifling errors or questionable statements, and a few of these can be found in the present work, but it would be unfair to seize upon these for purposes of criticism when there is so much that is well written and praiseworthy.

The text is written primarily for the senior student of medicine, and he will not be misguided if he chooses to improve his knowledge from the pages of this book.

**THE STORY OF BLOOD** by Kenneth Walker.  
Published by Herbert Jenkins, London. 213 pp.  
Price 21/-.

Mr. Kenneth Walker follows up his successful *Story of Medicine* with an historical study devoted to the blood. Commencing with the origin of life itself and the evolution of blood-carrying creatures, he proceeds to unfold the fascinating story of the circulation, and the development of our knowledge of the subject from ancient times. We encounter pre-Harveian theories of the circulation, Harvey's actual demonstration of the process, and proceed to modern times in a panorama of factual information. Intended mainly for laymen, the book contains a useful glossary.

*The Story of Blood* presents an interesting subject in a manner that will be readily appreciated, with personal anecdotes and a wealth of historical detail. Unfortunately this is impossible to trace without re-reading the entire book, and the index is grossly inadequate and inaccurate, despite the fact that ample space is provided for this essential feature.

J.L.T.

**MEDICAL MNEMONICS** by John Precopie.  
Published by Heinemann. 311 pp. Price 21/-.

This "aid to memory" is described as a medical student's pocket manual, providing in alphabetical order and tabulated form the conditions found in practice. It gives the name of the condition, its derivation, diagnostic signs, aetiology and pathological

indications. Used as a quick reference book, or for revision purposes, it can serve a useful purpose. The book was printed in Nicosia!

**GRAY'S ANATOMY, Descriptive and Applied**, edited by T. B. Johnston, D. V. Davies and F. Davies. Thirty-second Edition. Published by Longmans, Green & Co., 1958. 1,604 pp. Price 126/-.

*Gray's Anatomy* is a book that needs no introduction to members of the medical profession, and indeed its name is known to many lay people. This edition, the thirty-second, marks the hundredth anniversary of the first edition. A hundred years in print constitutes a remarkable record, and one which is a proud tribute to the book, Henry Gray, the later editors and the publishers.

The faith in this book, which has been shared by many generations of students and post-graduates, has been justified in this edition. Attempts have been made to revise many sections and to provide numerous new blocks. Certain sections have been "substantially rewritten." The sections on Histology, Embryology, Joints, Muscles, Vascular anatomy and various parts of Neurology have received the more rigorous overhaul. Some new and relevant clinical and experimental data has been incorporated into various sections of the book.

Altogether, the resulting 32nd edition is more than worthy of its predecessors, and will form a trustworthy "bible" for many more students.



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**HEY GROVES' A SYNOPSIS OF SURGERY.**  
edited by Sir Cecil P. G. Wakeley. Fifteenth  
Edition. Published by John Wright. 650 pp.  
Price 37/6d.

The fact that this is a fifteenth edition speaks for the book's popularity. Hey Groves, a former Bart's man, produced the first edition in 1908.

In the preface to this new edition, Sir Cecil Wakeley states that a thorough revision of the text was necessitated to account for the many advances that have taken place since the last edition of 1954. This task of revision has been adequately achieved.

Type display is especially pleasing to the reader, particularly when time permits but a brief glance at the text. Intelligent use of bold type, capitals and paragraphing make this an excellent book for summarisation and revision.

Students may find that this book makes an excellent addition to their book shelves, but they must not be lured into using it as a Manual of Surgery instead of the "synopsis" of the subject—which was the author's intention.

**PSYCHIATRY IN THE MODERN WORLD** by  
Dr. E. B. Strauss. Published by Michael  
Joseph. 71 pp. Price 8/6d.

This book is the collected articles which were published earlier in the year by the *Sunday Times* has been dedicated to the Medical Students of this Hospital who, for the past twenty years, have learned "the other half of medicine" from the author.

Dr. Strauss makes no pretence at writing a potted textbook, and there is no effort to discuss any of the more complex minutiae of psychiatry. What is attempted, however, is to explain in simple and well-understood terms the basic concepts and the terms of reference for the subject, so that no confusion can occur when any chance encounter with the topic happens, and the social embarrassment of discussing the matter using a series of misnomers is obviated.

Whether those doctors who are concerned with diseases of the *soma* would be content to be allocated the remaining half of medicine is perhaps debatable, for some would consider that many of the so called psychosomatic diseases are in fact organic diseases with a consequent psychiatric disturbance, and not *vice versa*.

Although the main subject matter of this little book is essentially that of Dr. Strauss' lectures, there is much to be gained by reading it through. Apart from the technical value of the book, one can observe how, what is to most a formidable subject, is presented with an unfailingly elegant style and an inimitable lucidity of thought. Although "some psychiatrists are not always the clearest of thinkers," this cannot be said of the author of this book.

M.L.P.

**CALL THE DOCTOR ; A Social History of Medical Men** by E. S. Turner. Published by Michael Joseph. 320 pp., illustrated. 21/-.

Written by a layman, and recommended by the Book Society, this book traces the development of the general practitioner from the time of Chaucer up to the present day. It is not intended as a connected history of medicine, but tends to spotlight the bizarre and the spectacular. We meet the physician attending royalty, the country practitioner, medical students, resurrectionists, etc., and can trace the growth of the various branches of medicine from the fourteenth century to the beginnings of State medicine.

This is not a book for the specialist ; it is not well documented, and the illustrations are mostly from secondary sources, but it presents, in a readable manner, some fascinating facts regarding the growth of the medical profession. It would be unwise to accept all the author's statements without question, but Mr. Turner has obviously made an extensive study of his subject. The chapters are short, and there is no need to read the book through in one sitting. But one will be tempted to do so, and then to dip into it at regular intervals.

J.L.T.

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